

Communication About Advance Directives and Advance Care Planning in an East Asian Cultural Context: A Systematic Review

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PROBLEM IDENTIFICATION: In East Asian cultural contexts, advance directive (AD) and advance care planning (ACP) discussions are generally challenging given patients' unawareness of decision-making rights.

LITERATURE SEARCH: Selected databases were searched for articles published from January 2000 to December 2020.

DATA EVALUATION: 21 studies were included and appraised with Critical Appraisal Skills Programme Systematic Review Checklist.

SYNTHESIS: Five themes emerged: (a) nature of AD and ACP communication, (b) insufficient understanding of the differences between ADs and ACP, (c) late timing of AD and ACP conversations, (d) importance of family participation in AD and ACP communication, and (e) unclear division of responsibilities during end-of-life care.

IMPLICATIONS FOR RESEARCH: Future research should focus on developing a culturally appropriate AD and ACP communication framework.

Communication between patients and their clinicians provides the opportunity to discuss patients' expectations of treatment and the issues they are facing. This holds true in advance care planning (ACP), where communication enables individuals with decisional capacity to identify their personal values, to reflect on the meanings and consequences of critical illness scenarios, to define goals and preferences regarding a future medical care plan, and to discuss these items with family members and healthcare professionals (Rietjens et al., 2017). ACP is a process that involves eliciting patients' wishes about their future medical care and translating those wishes into appropriate care plans for use when patients are no longer able to speak for themselves. To document these decisions, hospitals in many English-speaking countries assist patients to complete an advance directive (AD) form, which is a legal statement about the patient's substantive directives, or a living will that aligns with treatment preferences in the event the patient becomes incapacitated. The surrogate, who is typically a trusted person to the patient, might be more involved in assisting with decision-making or if the patient becomes incapacitated (Sudore et al., 2017). Epstein and Street (2007) suggested that those who have had an ACP conversation or prepared an AD tend to receive less interventional medical care. This generally leads to a better quality of life near death in patients and less likelihood of bereaved caregivers experiencing major depressive episodes. However, practices that focus mainly on completing legal documents, such as an AD form or do-not-resuscitate orders, were shown to be ineffective means in facilitating end-of-life (EOL) decision-making and fail to improve EOL care

KEYWORDS advance directive; advance care planning; communication; review; East Asia; culture

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